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# **FEE TRANSMITTAL**

## **for FY 2003**

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	09/542,884
Filing Date	April 4, 2000
First Named Inventor	Masataka HAMADA
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	325772016900 RECEIVED

**RECEIVED**

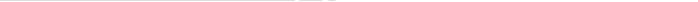
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account										
Deposit Account Number		03-1952			Technology Cen					
Deposit Account Name		Morrison & Foerster LLP								
The Commissioner is hereby authorized to: (check all that apply)										
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments								
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity		Small Entity								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid				
1001	750	2001	375	Utility filing fee						
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
				SUBTOTAL (1)		(\$ 0.00)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
Total Claims		Independent Claims		Multiple Dependent		Extra Claims	Fee from below	Fee Paid		
Large Entity		Small Entity								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description						
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissues claims in excess of 20 and over original patent						
				SUBTOTAL (2)		(\$ 0.00)				
*Reduced by Basic Filing Fee Paid										
SUBTOTAL (3) (\$ 750.00)										

**SUBTOTAL (2) (\$)** **0.00**

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **750.00**

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Digitized by srujanika@gmail.com

SUBMITTED BY		Complete (if applicable)		
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Signature			Date	April 7, 2003